



City of Miramar
An Equal Opportunity Employer

Mayor
Wayne M. Messam

City Commission
Winston F. Barnes
Maxwell B. Chambers
Yvette Colbourne
Darline B. Riggs

**"We're at
the Center of Everything"**

City of Miramar
C/O Business Tax Office
2300 Civic Center Place
Miramar FL 33025
businesstax@miramarfl.gov

Phone (954) 602-3040
Phone (954) 602-3061
FAX (954) 602-3470

Re: Business Tax Assisted Living Facilities, Group Homes and Adult Day Care

Dear Sir or Madam:

Any person wishing to engage in or manage any business, profession or occupation within the City, including home based businesses, is required by City ordinance to get a City Business Tax Receipt.

Step 1: Contact the Fire Department to schedule a Fire Life Safety Verification Inspection Permit.

Step 2: Complete the enclosed 5 page application and return it with the requirements listed below.

Business Tax Requirements:

1. Photocopy of applicant's Florida Driver's License
2. Photocopy of the State of Florida Articles of Incorporation OR Photocopy of the State of Florida Fictitious Name Registration.
3. Photocopy of State of Florida Health Care License
4. Photocopy of Tax Identification Number form from the IRS or Photocopy of owner's Social Security Card.
5. Photocopy of General Liability Insurance Policy.
6. Photocopy of Settlement Statement or Photocopy of the Lease *(if leasing we'll need a notarized letter from the homeowner(s) giving you the right to operate a business from the home)*
7. Photocopy of Completed Fire Inspection by City of Miramar Fire, Life and Safety Department (954)602-4800

Mail or return all requirements together to:

City of Miramar
Business Tax Office
2300 Civic Center Place
Miramar FL 33025

City Of Miramar
Business Tax Office
2300 Civic Center Place
Miramar, FL 33025

**Business Tax Receipt Application for Assisted Living, Group Homes
and Adult Day Care from a Home**

The information gathered by this application will be used to determine the issuance of your Business Tax Receipt. The application process will take five to seven business days. Please complete all the information in this application accurately and in its entirety. The **application must be signed and notarized**. All necessary photocopies will need to be made by the applicant. The City of Miramar will conduct a criminal history background check on the applicant. Failure to answer all questions in its entirety will result in the denial of your application under Chapter 11, Miramar City Code. You must also obtain a Broward County Business Tax Receipt.

Date: _____

Business Name: _____

Business Address: _____

Business Phone No: _____ Business Fax No: _____

E-Mail Address: _____

Describe the business operation in detail:

Applicant's Name: _____

Home Phone No: _____ Driver's License No: _____

Applicant's Address: _____
(ZIP)

Date of Birth: _____ Soc. Sec. No: _____

Federal Tax ID Number: _____

Are you the property owner? YES ____ NO ____ If no, please provide us with a copy of your lease and a notarized letter from the property owner(s). (Notarized letter must include permission to operate a business from this address and all of the owner's contact information. The letter must be signed and notarized by all owners.)

**Business Tax Receipt Application for Assisted Living, Group Homes
and Adult Day Care from a Home (continued)**

1. How many employees does the company have? (including yourself as one) _____

a) How many will be working in the home? (including yourself as one) _____

Are any of these employees not a member of your immediate family?

Yes: _____ No: _____

b) How many employees will be traveling to the home daily? _____

2. How many beds are in the home? _____

3. Will medication be issue to the residence in the home?

Yes: _____ No: _____

If yes, what type and how often:

4. How many cars are at the home at any giving time? _____

5. Are visitors allowed to visit the home?

Yes: _____ No: _____

If yes, please list your visitor's hours: _____

6. Does the business require the receipt of large packages to the home?

Yes: _____ No: _____

If yes, describe:

Business Tax Receipt Application for Assisted Living, Group Homes and Adult Day Care from a Home

7. Have you been **CONVICTED** of a felony or misdemeanor within the past three (3) years?

Yes: _____ No: _____

If yes, what offense were you convicted of? _____

Have your civil rights been restored? _____

If yes, please provide copies of document(s) restoring your civil rights.

Right of inspection. The applicant acknowledges that upon issuance of a Business Tax Receipt the city shall have the right to inspect, at reasonable times, the premises upon which the home occupation is conducted to insure compliance with the foregoing standards and conditions, and to investigate complaints, if any.

Penalty. Any violation of this section may result in a fine in accordance with the Code of Ordinances.

Revocation of license. The city shall have the right to revoke any home Business Tax Receipt for non-compliance.

Transferability. No home Business Tax Receipt issued pursuant to this section shall be transferable, assignable, or otherwise alienable.

Please be advised that the City of Miramar relies upon the accuracy of your responses to the above questions in determining whether your home Business Tax Receipt should be granted. If the City of Miramar determines that the Home Business Tax Receipt was issued based on inaccurate, incomplete or misleading information provided in response to the above questions the City of Miramar reserves the right to revoke your home Business Tax, cite you with a Code Compliance violation or take any other appropriate action to bring your license into conformance with City regulation.

Conditions for Granting a Home Business Tax Receipt to operate as an Assisted Living Facility, Group Home or Adult Day Care

I have read the above terms and conditions and subject thereto, I make application for a restricted Business Tax Receipt. Should I violate these conditions, I understand that my Business Tax Receipt may be revoked by the City of Miramar.

NOTARIZED SIGNATURE OF APPLICANT

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____ 20_____.
Personally appeared: _____

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

(SIGNATURE OF NOTARY)

(SEAL)

If your license has been denied or if there is dispute as to your business classification you have the right to appeal the decision of the City, first to the City Manager and then, if necessary, to the City Commission in accordance with Chapter 11-35, Miramar City Code.

FOR INTEROFFICE USE ONLY:

Approved: _____

Denied: (State Reason) _____

Designee

Date

Background Check Required Information

In accordance with the chapter 11, in order to determine whether a person applying for a Business Tax Receipt has been convicted of any misdemeanor or felony within the preceding three (3) years, the City shall conduct a criminal history check pertaining to the applicant before the issuance of such license. This fee shall be payable when your application is submitted.

Criminal History Information: *All information must be complete.*

Applicant's Full Name: _____

Date of Birth: _____ **Soc Sec Number:** _____

Driver's License Number: _____

Sex: _____ **Race:** _____

(M or F)

Race Codes: W = White; B=Black; I= American Indian, Indian, or Alaskan Eskimo; A= Asian or Pacific Islander; U= Unknown

*** Indicate Hispanic persons as white or black based on skin color ***

Applicant's Current Home Address:

By signing this form you're authorizing the City of Miramar to process a Criminal History Check.

Applicant's Signature: _____

Date: _____